

**CIA INTERNAL USE ONLY
SECRET**

(When Filled In)

PERSONALITY (201) FILE REQUEST									
TO RI/ANALYSIS SECTION				DATE 27 Dec 57		ACTION			
				<input checked="" type="checkbox"/> OPEN		<input type="checkbox"/> AMEND		<input type="checkbox"/> CLOSE	
FROM RI/CO				ROOM NO. 2301 L		TELEPHONE 3127			
<p>INSTRUCTIONS: Form must be typed or printed in block letters.</p> <p>SECTION I: List 201 number, name and identifying data in the spaces provided. All known aliases and variants (including maiden name, if applicable) must be listed. If the identifying data varies with the alias used, a separate form must be used. Write UNKNOWN for items you are unable to complete.</p> <p>SECTION II: List cryptonym or pseudonym, if assigned. If true name is sensitive, obtain 201 number from 201 Control Desk and complete Section I and Section III. On a separate form, enter the 201 number and complete Section II and Section III. Submit each form separately.</p> <p>SECTION III: To be completed in all cases.</p>									
SECTION I									
<input type="checkbox"/> SENSITIVE <input type="checkbox"/> NONSENSITIVE		<div style="display: flex; justify-content: space-between;"> 2. <u> C </u> 1. SOURCE DOCUMENT <u> J </u> </div>							
NAME (Last)		(First)		(Middle)		(Title)		SEX 3.	
ZYMANTAS		Stasys						<input type="checkbox"/> M <input type="checkbox"/> F	
NAME VARIANT									
TYPE NAME 2.		(Last)		(First)		(Middle)		(Title)	
PHOTO 4.		BIRTH DATE 5.		COUNTRY OF BIRTH 6.		CITY OR TOWN OF BIRTH 7.		OTHER IDENTIFICATION 8.	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> Y						1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>	
OCCUPATION/POSITION								OCC/POS. CODE 9.	
SECTION II									
CRYPTONYM TIRRALIRRA					PSEUDONYM				
SECTION III									
COUNTRY OF RESIDENCE 10.			ACTION DESK 11.		SECOND COUNTRY INTEREST 12.		THIRD COUNTRY INTEREST 12a.		
			WE/1/S						
COMMENTS: 									
PERMANENT CHARGE			RESTRICTED FILE			SIGNATURE			
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO						